PUBLIC WATER SUPPLY STATE FISCAL YEAR 2007 DRINKING WATER NEEDS SURVEY

(July 1, 2006 – June 30, 2007) Nebraska Health and Human Services System



			Name/A	Name/Address Changes:				
Water Operator:				Water Operator Certification #:				
Survey Preparer:			Date:	Date:				
Job Title:			Telephon	Telephone:				
Address:			Fax:	<u> </u>				
			Cell/Mobi	ile:				
City/State/Zip:			E-Mail:					
City/State/	<u></u>		E-IVIAII.					
1 Places	nvovido o briof docerin	tion of any drinking wate	u nucicat/a) that m	say bagin aanat	ruction by June 30, 2008:			
i. Fiease	provide a brief descrip	tion of any drinking water	i projecija) inat in	iay begin consu	detion by June 30, 2008.			
(attach ad	ditional Pages as need	led)						
Need(s):	J	,	Estin	nated Costs:				
	Well(s)		\$					
	Water Storage Tank		\$					
	Water Mains		\$					
	Pump Station		\$					
	Water Treatment		\$					
	Water Meters Other(s), Contingencie	s Engineering	\$					
	Legal, Administrative,	Expenses, etc.	\$					
Total Estimated Costs \$								
		(Owner/Owners' repr						
2. Land A		Water Protection (land o	r conservations e	asements to be	purchased for source water			
Total Estin				Acre	es#			
	iated Land Costs	\$						
What is the		•		Has a Prelimin	arv Engineering Study or Report been			
What is the	e source of the cost estin	•			ary Engineering Study or Report been dress the need?			
What is the		•						
What is the	e source of the cost estin	•		prepared to ad	dress the need?			

3. Please provide a brief description of the system's drinking water regulatory compliance issues/concerns or water quality concerns in general:								
(attach additional sheets as needed)								
4. Please provide a brief description of other drinking water needs such as water operator and/or Board (Owner) training or informational meetings, long term/short term future water service demands, water rate studies, etc.:								
(attach additional sheets as needed)								
5. Does your water system currently have user water ser	vice meters?	Yes	No]				
6. Does your water system have a water meter rate struc	ture?	Yes	No					
7. If your system is a community water system privately or publicly owned, or a nonprofit, non-community water system; please complete the following:								
Do you want the project(s) indicated on Page 1 to be listed on the Project Priority List in the DWSRF ² IUP ³ for SFY ¹ 2007?								
Yes No								
To be on the SFY 2007 Project Priority List /IUP for the DWSRF, this questionnaire must be returned to this Department by December 31, 2005. Your project must be listed on the upcoming Priority List/IUP to be considered for funding through DWSRF. If an emergency situation arises for an eligible PWS after December 31, 2005, then the Department will include such system project(s) for SFY Priority List/IUP for the DWSRF.								
By signing this survey, we do not imply that we are making any commitment to construction of the project(s) listed above, nor that we would be seeking loans from the DWSRF program in SFY 2007.								
Signature	Date							
If you have any questions, please contact Larry D. Steele at (402) 471-0513. Please return the completed needs survey to the address below by the <i>deadline of December 31, 2005</i> .								
HHS – Regulation and Licensure Environmental Health Services Section Attn: Larry D. Steele 301 Centennial Mall South	Phone: (402) 471-05° Fax: (402)471-6436 Email: <u>larry.steele@h</u>							

P O Box 95007

Lincoln, NE 68509-5007

This form can be down-loaded from the web at: www.hhs.state.ne.us/enh/NeedsSurveyForm.pdf
¹State Fiscal Year, ²Drinking Water State Revolving Fund, ³Intended Use Plan